



INITIAL NOTIFICATION REPORT OIL AND NATURAL GAS PRODUCTION FACILITIES NESHP

This information is required by Article II, Chapter 1, Part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to provide this information may result in penalties and/or imprisonment.

Applicable Rule: 40 CFR Part 63, Subpart HH-National Emission Standards for Oil and Natural Gas Production Facilities.

Please print or type all information.

1. COMPLETE THIS SECTION FOR EACH PRODUCTION FACILITY. MAKE ADDITIONAL COPIES AS NECESSARY.			
OWNER/OPERATOR			
COMPANY NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PLANT CONTACT, NAME AND TITLE			TELEPHONE AREA CODE & NUMBER
EQUIPMENT LOCATION ADDRESS (if different from above)			
CITY	STATE	ZIP CODE	COUNTRY
Primary SIC Code <input type="checkbox"/> 1300 (Oil and natural gas production) <input type="checkbox"/> 4900 (Oil and natural gas generation)	AIR USE PERMIT NUMBER (If applicable)		STATE REGISTRATION NUMBER (SRN) if known

2. IF YOUR FACILITY IS NOT SUBJECT TO THE NATIONAL EMISSION STANDARDS FOR OIL AND NATURAL GAS PRODUCTION FACILITIES, PLEASE CHECK ONE OF THE FOLLOWING OPTIONS, FILL OUT SECTIONS 1, 2, 3, AND 5 OF THIS REPORT, AND RETURN TO THE APPROPRIATE AIR QUALITY DIVISION DISTRICT OFFICE (see Attachment A).	
<input type="checkbox"/> Our facility does not process, upgrade, or store hydrocarbon liquid throughput prior to the point of custody transfer and does not process, upgrade, or store natural gas prior to the point at which natural gas enters the natural gas transmission lines and storage facility or is delivered to a final end user.	
<input type="checkbox"/> Our facility has a hydrocarbon liquid throughput of less than 10,488 gallons (39,700 liters) per day and has a natural gas throughput of less than 649,796 cubic feet (18,400 cubic meters) per day.	
Does your facility have any of the following production equipment?	
Glycol Dehydrator <input type="checkbox"/> Yes <input type="checkbox"/> No	Storage vessels with flash off <input type="checkbox"/> Yes <input type="checkbox"/> No
Natural gas compressors <input type="checkbox"/> Yes <input type="checkbox"/> No	Other ancillary equipment (i.e., pumps, pressure relief devices, sampling connection systems, open-ended valves, line valves, flanges, or other connectors) <input type="checkbox"/> Yes <input type="checkbox"/> No

3. INDICATE IF FACILITY IS NEW OR EXISTING SOURCE (check one).	
<input type="checkbox"/> Existing (constructed and reconstructed on or before February 6, 1998)	<input type="checkbox"/> New (constructed and reconstructed after February 6, 1998)

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4. EQUIPMENT LIST AND METHOD OF COMPLIANCE (Only provide information on the number of units operated at your facility. Attach a copy for additional units as needed.)

4 (A) Dehydrator Information (if applicable)				
Type of Dehydrator Unit	Daily throughput (Gallons/Cubic feet)	Type of Control		
1. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Condenser <input type="checkbox"/> Thermal oxidizer	<input type="checkbox"/> Vapor recovery <input type="checkbox"/> Flare	<input type="checkbox"/> Other
2. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Condenser <input type="checkbox"/> Thermal oxidizer	<input type="checkbox"/> Vapor recovery <input type="checkbox"/> Flare	<input type="checkbox"/> Other
3. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Condenser <input type="checkbox"/> Thermal oxidizer	<input type="checkbox"/> Vapor recovery <input type="checkbox"/> Flare	<input type="checkbox"/> Other
4. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Condenser <input type="checkbox"/> Thermal oxidizer	<input type="checkbox"/> Vapor recovery <input type="checkbox"/> Flare	<input type="checkbox"/> Other
5. <input type="checkbox"/> Glycol <input type="checkbox"/> Sorbead <input type="checkbox"/> Other _____	<input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Condenser <input type="checkbox"/> Thermal oxidizer	<input type="checkbox"/> Vapor recovery <input type="checkbox"/> Flare	<input type="checkbox"/> Other

4 (B) Storage with Flash Off Emissions (if applicable)				
Storage Vessel ID	Flash Off Emissions	Daily throughput (Gallons/Cubic feet)	Gas to Oil Ratio (GOR) > 0.31	API Gravity > 40 °F
1. ID No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. ID No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. ID No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. ID No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. ID No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oil <input type="checkbox"/> Natural gas _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4 (C) Compressors (if applicable)	
Compressor ID	Compressor in volatile hazardous air pollutant (VHAP) service?*
1. ID No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. ID No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. ID No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. ID No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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5. ID No.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4 (D) Ancillary Equipment Operating in VHAP Service?*			
Ancillary Equipment used at the Site	Response and Number of Units		
Do you have any pumps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number _____
Do you have any sampling stations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number _____
Do you have any pressure relief valves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number _____
Do you have any open end valves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number _____
Do you have any flanges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number _____
Do you have a method to clean debris from the transmission lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number _____
Do you any other equipment not listed in this section at your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number _____

*In VHAP service is any equipment (compressor or ancillary equipment) that comes in contact with a liquid or gas which has a total volatile HAP concentration of 10% or more by weight.

5. Print or type the name and title of the "Responsible Official" for the plant:

(Name)

(Title)

A "Responsible Official" can be:

- The president, vice-president, secretary, or treasurer of the company who owns the plant;
- The owner of the plant;
- The plant engineer or supervisor;
- A government official if the plant is owned by the Federal, State, City, or County government; or
- A ranking military officer if the plant is located on a military base.

I certify the information contained in this report to be accurate and true to the best of my knowledge.

(Signature of "Responsible Official")

(Date)

Please make a copy of this Initial Notification Report and submit the original signed copy by US mail, or by another courier, to the appropriate Air Quality Division district office. See Attachment A on page 4 of this report for mailing addresses.

ATTACHMENT A
Air Quality District and Office Boundaries

